FORM PTO-1083

OIPE MAY 09 2006 PATENT & TRADEMARK OFFICE

TFW 1643

Attorney Docket No. 89188.0130
Patent Application No. 09/743,684

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Parkash S. GILL

Serial No: 09/743,684

Confirmation No.: 7332

Filed: April 23, 2001

For: NOVEL INHIBITORS OF ANGIOGENESIS AND TUMOR GROWTH

Art Unit: 1643
Examiner: Anne Holleran

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents
P.O. Box 1450
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May 4, 2006
Date of Deposit

Diane Zynn
Name

Signature 05/04/06 Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Enclosed are the following two executed forms: a Power of Attorney and Correspondence Address Indication Form and a Statement Under 37 CFR 3.73(b)

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM $ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	40	-	57	**	0	LG=$50 SM=$25	$0	$ 0
INDEPENDENT CLAIMS FEE	5	-	7	***	0	LG=$200 SM=$100	$0	$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = $360 SMALL ENTITY FEE = $180		$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					$250 FOR EACH ADDITIONAL 50 SHEETS			$ 0
Independent Claims 7, 11, 24, 53, 54						**TOTAL**		$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of $__ for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☒ Please charge the fee of **$225** for the 2 month extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: _____
Dariush G. Adli
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Date: May 4, 2006

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